

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/599831

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		1
3		1		1		1
4		1		1		1
5		1		1		1
6		1		1		1
7		1		1		1
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10		1		1		1
11		1		1		1
12		1		1		1
13		1		1		1
14	2		1			
15	2		1			
16	1		1			
17	1		1			
18	1		1			
19	1		1			
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TOTAL IND.	1		1			
TOTAL DEP.	26	←	24	←		
TOTAL CLAIMS	27		25			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						